PTO/SB/05 (11-00)

48,570

11/16/01

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## UTILITY PATENT APPLICATION TRANSMITTAL

Please type a plus sign (+) inside this box

Attorney Docket No.		6627-PA1022				
First Inventor		William FENICAL				
Title	MARINE ACTINOMYCETE TAXON					
Everes Meil Lebel No		EL634293358US				

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No.

Assistant Commissioner for Patents **APPLICATION ELEMENTS** ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or unit an original and a duplicate for fec proc Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) (preferred errangement set forth below) 3. **X** Computer Readable Form (CRF) Descriptive title of the invention b. Specification Sequence Listing on: Cross Reference to Related Applications i. CD-ROM or CD-R (2 copies); or Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, ii. 🔀 or a computer program listing appendix c. X Statements verifying identity of above copies - Background of the Invention - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) - Detailed Description Assignment Papers (cover sheet & document(s)) - Claim(s) 37 CFR 3.73(b) Statement Power of - Abstract of the Disclosure (when there is an assignee) Attorney English Translation Document (if applicable) Drawing(s) (35 U.S.C. 113) [ Total Sheets Copies of IDS Information Disclosure 5. Oath or Declaration [ Total Pages Citations Statement (IDS)/PTO-1449 X Preliminary Amendment Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) Return Receipt Postcard (MPEP 503) b. (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR Request and Certification under 35 U.S.C. 122 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent of the disc, affidavit, check in the Application Data Sheet. See 37 CFR 1.76 Other: amount of \$370.00 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Correspondence address below (Insen Customer No. or Affects bay code label hera) Colleen J. McKiernan Name Brown Martin Haller & McClain 1660 Union Street <u>Address</u> 92101 San Diego State CA Zip Code City 619-238-0062 **USA** Country Telephone 619-238-0999 Fax

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Registration No. (Attorney/Agent)

Colleen J. McKiernan

Name (Print/Type)

Signature



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## **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Kn wn				
Application Number	UNKNOWN			
Filing Date	HEREWITH			
First Named Inventor	William FENICAL			
Examiner Name	UNKNOWN			
Group Art Unit	UNKNOWN			
Attorney Docket No.	6627-PA1022			

The Commissioner is hereby authorized to charge Account Number   O2-4070   O	METHOD OF PAYMENT	FEE CALCULATION (continued)					
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107   510   207   255   Plant filing fee   108   740   208   370   Reissue filing fee   114   160   214   80   Provisional filing fee   120   320   220   160   Filing a brief in support of an appeal   121   280   221   140   Request for oral hearing   121   280   221   140   Request for oral hearing   122   128   122   138   1510   138   1510   Petition to institute a public use proceeding   140   1510   240   55   Petition to revive - unavoidable   141   1,280   241   640   Petition to revive - unintentional   141   1,280   242   640   Utility issue fee (or reissue)   143   460   243   230   Design issue fee   144   620   244   310   Plant issue fee   144   620   244   310   Plant issue fee   144   620   244   310   Petitions to the Commissioner   123   50   123   50   Processing fee under 37 CFR 1.17(q)   126   180   126   180   Submission of Information Disclosure Stmt   140   280   204   140   Multiple dependent claims in excess of 3   146   740   246   370   Filing a submission after final rejection   149   740   249   370   Request for expedited examination   149   740   249   370   Request for expedited examination   149   740   249   370   Request for expedited examination   140   14	370	128 1,960 228 980 Extension for reply within fifth month					
108 740 208 370   Reissue filing fee   120 320 220 160   Filing a brief in support of an appeal   121 280 221 140   Request for oral hearing   138 1,510 138 1,510   Request for oral hearing   138 1,510 138 1,510   Request for oral hearing   138 1,510 138 1,510   Request for oral hearing		119 320 219 160 Notice of Appeal					
SUBTOTAL (1) (\$) 370  2. EXTRA CLAIM FEES  Total Claims	·	120 320 220 160 Filing a brief in support of an appeal					
2. EXTRA CLAIM FEES    Extra Claims   Fee from below   Fee Paid   142 1,280 242 640   142 1,280 242 640   143 460 243 230   144 620 244 310   144 620 244 310   144 620 244 310   145 210 9   145 210 9   146 210 9   146 210 9   147 279 370   148 210 9   148 21	114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing					
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Total Claims		141 1,280 241 640 Petition to revive - unintentional					
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	**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	0				

SUBMITTED BY				Complete (if ap	Complete (if applicable)	
Name (Print/Type)	Colleen J. McKiernan	Registration No. (Attorney/Agent)	48,570	Telephone	619-238-0999	
Signature	1 / ll 114Ci			Date	11/16/01	

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